

Vermont State Hospital

Pharmacy & Therapeutics Committee Meeting



April 26, 2007 3:00 pm

AGENDA

- PRNs
- Protocols
- Prescribing Practices
- ADRs/Med events
- Pharmacy software
- Clinical Practice Guidelines

Facilitator: Thomas Simpatico

Attendees: Thomas Simpatico, MaryBeth Bizzari, Fran Levine, Anne Jerman, Richard Munson, Goldie Watson

PRN Stoppage

Mary Beth Bizzari suggested that she should produce and distribute to the medical staff reports showing all PRNs by doctor. She suggested that one unit could be stopped at a time, one different days of the week so it would be staggered. Suggested dates/units: B1 on May 14th, B2 on May 16th, BR on May 17th.

After the initial stopping of all PRNs, Mary Beth will send a report of all expiring PRNs to the unit every two weeks on Fridays. The P&T Committee agreed that staff would need to receive Memos regarding this change. Anne Jerman said that she would speak to nursing night supervisors about this, and they will talk to the nurses. If they think there will be any other problems, they'll tell Anne Jerman and she will report back to the P&T Committee. It was also mentioned that the Pharmacy manual will need to be changed to reflect this new practice.

Stopping the Practice of Rewriting Orders Once a Month

The P&T Committee discussed the rewriting of orders once a month. The general consensus was that this practice began as a way of renewing PRNs, and that if it continued it would lead back to automatic renewal of PRNs.

PRNs will be tracked in the pharmacy and on the MAR, everything else will be tracked using the nursing cardex. Mary Beth will generate a list of updates on patient profiles and distribute this every other Friday to the units.

The P&T Committee then spent some time coming up with ways to avoid worst case scenarios – for example, tracking or flagging medications with withdrawal risks if for some reason this is not caught at any earlier stage. It was decided that nursing would incorporate a check list into Morning Rounds that will show that any new or expiring PRNs have been reviewed for these issues. A draft copy of the “Morning Rounds Reconciliation” form is attached. This form can be stored in the nurses station for reference.

Prescribing Practices

According to the night nurses, physicians are ordering medications and giving a range of dosage (25 to 50 mg, for example, or to be given every 4 to 6 hours). Medical staff will be reminded to write the order exactly as medication is to be administered. Nurses will be told that they cannot accept an order giving a range.

Pharmacy Software

There are currently two separate processes in motion regarding pharmacy software. Currently there is software being evaluated, but they are also evaluating pharmacy services.

Medication Protocols

Dr. Simpatico explained that VSH would begin using certain medication protocols. The medical staff will discuss this, and they are currently looking at templates. Once they agree on a format and content, they will send these protocols to the P&T Committee for review.

ADRs/Med Events

Dr. Simpatico suggested that reporting on the improving performance at VSH with regard to reporting ADRs and Med Events should become a regular part of the P&T meetings. There was further discussion regarding forming a task force on increasing the reporting of ADRs by education of staff. Fran Levine, Steve Barden and Mary Beth Bizzari volunteered to take part in this, as well as Goldie Watson, whose focus would be on training and testing. They will come up with a list of the types of ADRs, and a description of what we’re doing to monitor and report these. Anne Jerman and Dr. Simpatico will pull together by June a current representation of what we’re doing under those rubrics.

Clinical Practice Guidelines

Dr. Simpatico showed some of the American Psychiatric Association’s Clinical Practice Guidelines, and stated that VSH will begin to use these as the guidelines here. The APA Clinical Practice Guidelines regarding Schizophrenia have been in use here for some

time, but additional areas will be added, for a total of 7. They will be made available to the on call doctors in binders in the on call room, as well as on the units for staff reference. CME courses are available online for the Medical Staff. How best can compliance and adherence be tracked?

Anne Jerman suggested pulling out (or highlighting) the discipline specific information – for nursing, monitoring for side effects, stabilizing the patient - to make it easier for staff to learn the areas associated with their discipline.

It was suggested that a Public Psychiatry seminar could be done on one of the topics. The P&T Committee agreed to return to this topic at a later date and brainstorm ways of exposing staff to this information without mandating training.

As regards other varieties of training, the nursing coordinators will collect ideas from unit staff regarding what people would like more information about.